

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5335</u>	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Angela M Nick P.O. Box, Bldg., Room No., if any Street 1242 Bald Mountain Road City Lake Orion State Michigan ZIP Code +4 48360	4. Name, file number, and address of labor organization. Name UFCW Local 876 Labor Organization File Number 039-461 P.O. Box, Building and Room Number, if any Street 876 Horace Brown Drive City Madison Heights State Michigan ZIP Code +4 48071
5. Position in labor organization. Ass't. Manager H & W Fund	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code +4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Angela M. Nick</u>	On <u>3-10-06</u> Date	<u>(248) 585-9610</u> Telephone Number

Name of Person Filing Angela Nick	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Michigan UFCW Unions & Employers H&W Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 876 Horace Brown Drive</p> <p>City Madison Heights</p> <p>State Michigan ZIP Code + 4 48071</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Michigan UFCW Unions & Employers H&W Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 876 Horace Brown Drive</p> <p>City Madison Heights</p> <p>State Michigan ZIP Code + 4 48071</p>	<p>11.a. Nature of such dealing.</p> <p>1. Attend Quarterly Meetings & Operational Meetings</p> <p>2. Attend Educational Conferences</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>*Reimbursement of expenses incurred. See attached details.</p>
	<p>12.b. Amount. \$4,240</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Angela Nick

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Segall Bryant Hamill

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 3500

Street 10 South Wacker Drive

City Chicago

State Illinois

ZIP Code + 4 60606-7407

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Michigan UFCW Unions & Employers H&W Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 876 Horace Brown Drive

City Madison Heights

State Michigan

ZIP Code + 4 48071

11.a. Nature of such dealing.

Investment Manager

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

A Round of Golf

12.b. Amount.

\$78

Michigan UFCW Unions and Employers Health and Welfare Fund
876 Horace Brown Drive, Madison Heights, MI 48071
Phone: (248) 585-9610, Fax: (248) 588-4008

2005 Expenses Paid by Fund for Angela M. Nick (Staff)

Date	Event	Registration	Transportation	Lodging	Meals	Subtotal
12/15/05	Operations Committee				\$ 85.71	\$ 85.71
11/22/05	SPD/Plan Doc Mtg				\$ 25.00	\$ 25.00
11/11-16/05	Educational Conference	\$ 1,605.00	\$ 459.00	\$ 893.10	\$ 716.91	\$ 3,674.01
10/13/05	SPD/Plan Doc Mtg				\$ 22.61	\$ 22.61
5/31/05-6/1/05	Board of Trustees Mtg.			\$ 226.80	\$ 160.83	\$ 387.63
5/13/05	SPD/Plan Doc Mtg				\$ 34.33	\$ 34.33
1/31/05	HIPAA Security Mtg.				\$ 10.40	\$ 10.40
Totals		\$ 1,605.00	\$ 459.00	\$ 1,119.90	\$ 1,055.79	\$ 4,239.69